PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application	or	Docket	Number
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0978/803

CLAIMS AS FILED - PART I (Column 1)			(Column 2)		-	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS		24					RATE	FEE		RATE	FEE	
FOR 9			NUMBER F	NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS Hinus 20=			us 20=	· N			X\$ 9=		OR	X\$18=	72	
INDEPENDENT CLAIMS minus 3 =			2		Ī	X40=		OR	X80=	(60		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	942	
CLAIMS AS AMENDED - PART I						12		SMALL E	ENTITY	OR	OTHER SMALL	
		(Column 1) CLAIMS		(Colu	mn 2) IEST	(Column 3)	Г	SMALL	ADDI-	UN 	SMALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		\	+135=		OR	+270=	
							L	TOTAL		OR	TOTAL	
ADDIT. FEEOH ADDIT. FEEOH ADDIT. FEEOH ADDIT. FEEOH ADDIT. FEEOH ADDIT. FEE												
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREV	HEST MBER IOUSLY O FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
₩Q	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=	
AMENDMENT	Independent	* NTATION OF M	Minus	***	T CLAIM	=	11	X40=		OR	X80=	·
L	THIST PRESE	NIATION OF M	OLTIPLE DE	PENDEN	IT CLAIM		┛┃	+135=		OR	+270=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER YIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=	-	OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	V00	
ľ	FIRST PRESE	NTATION OF N	JULTIPLE DE	PENDE	NT CLAIN	4				1		
	If the enter to act		the entry in col	lump 2	ita "N" in a	olumn 3		+135=		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
l		mber Previously P						und in the at	propriate be	ox in c	olumn 1.	